



Understanding the Optimal Health Model in the Context of SRAE

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ADMINISTRATION FOR
CHILDREN & FAMILIES

FYSB Family & Youth
Services Bureau

Adolescent Pregnancy
Prevention Program

**Department of Health
and Human Services**

*Enhance and Protect
the Health and Well-
Being of All Americans*

Optimal Health

**Administration for
Children & Families**

*Promote the Economic
and Social Well-Being
of Children, Families,
Individuals and
Communities*

Public Health

- Promote health
- Prevent disease
- Encouraging change in unhealthy behavior
- Focused on groups of people or communities

“An ounce of prevention is worth a pound of cure”

Benjamin Franklin (1706-1790)

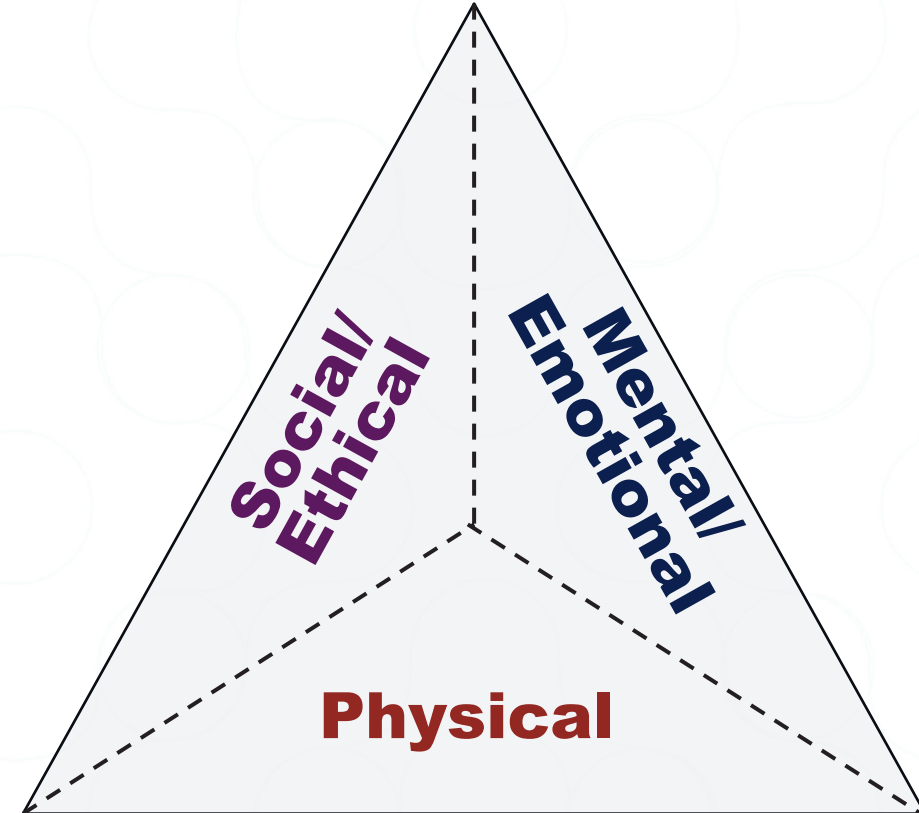
“Prevention is better than cure”

Desiderius Erasmus (1466-1536)

Optimal Health

“Optimal health is a dynamic balance of physical, emotional, social, spiritual, and intellectual health.”

Lifestyle change can be facilitated through a combination of learning experiences that enhance awareness, increase motivation, and build skills and, most important, through the creation of opportunities that open access to environments that make positive health practices the easiest choice.”



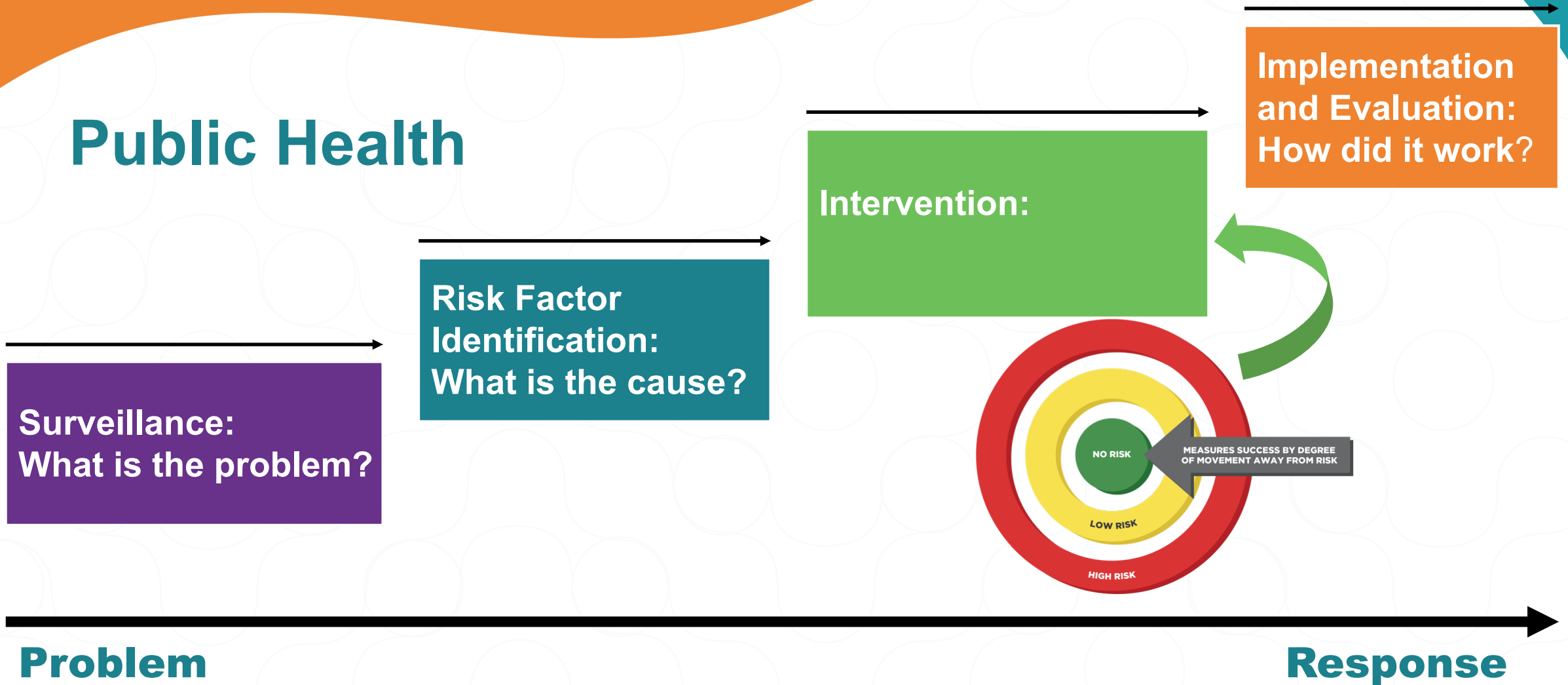
O'Donnell, M. P. (2009) Definition of health promotion 2.0: Embracing passion, enhancing motivation, recognizing dynamic balance, and creating opportunities. American Journal of Health Promotion: September/October 2009, Vol. 24:1, pp. iv.

Optimal Health as a Public Health Approach

Within the public health space – optimal health has been defined as encompassing physical, emotional, social, spiritual, and intellectual health

A purposeful, consistent, and broad application of the optimal health model puts compassion at the core of an intentional focus on health equity for every segment of the population.

Public Health



Optimal Health Model

Primary Prevention (risk avoidance) Prevent exposure to disease or onset of high-risk behavior

Secondary Prevention (risk reduction) Reduce consequences of illness or high-risk behavior

Treatment

Treat the illness or consequence of the high-risk behavior



**How does the optimal
health model inform SRAE
programs?**

Primary Prevention

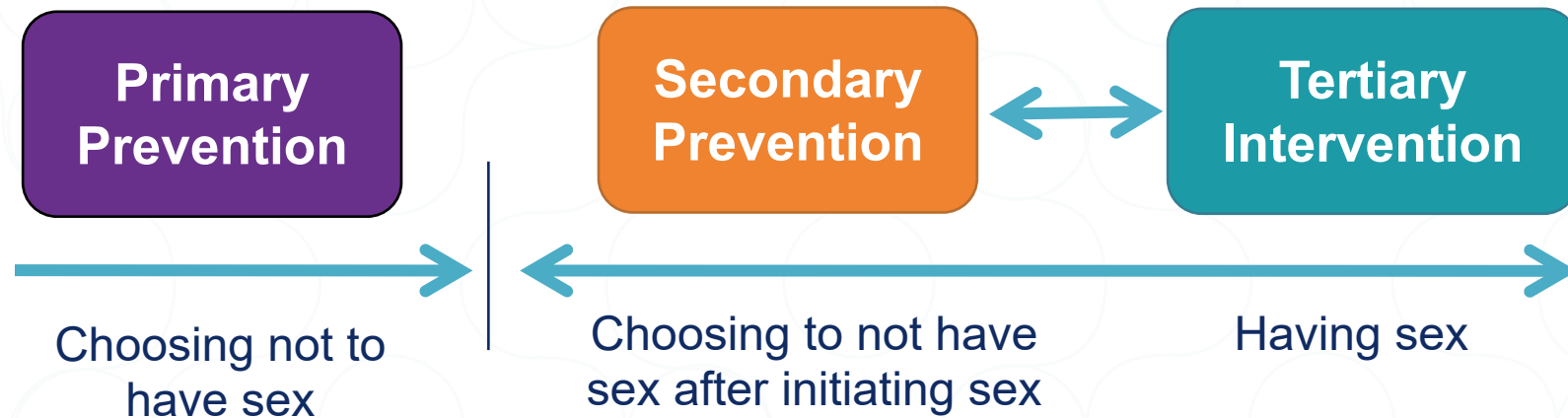
Primary Prevention

- Avoiding risk is optimal to reducing risk
- Health outcomes are generally improved when behavior risks are avoided during adolescence

 Adolescents are capable of developing skills necessary to avoid risky behavior leading to optimal health.

Framework for Sexual Risk Prevention

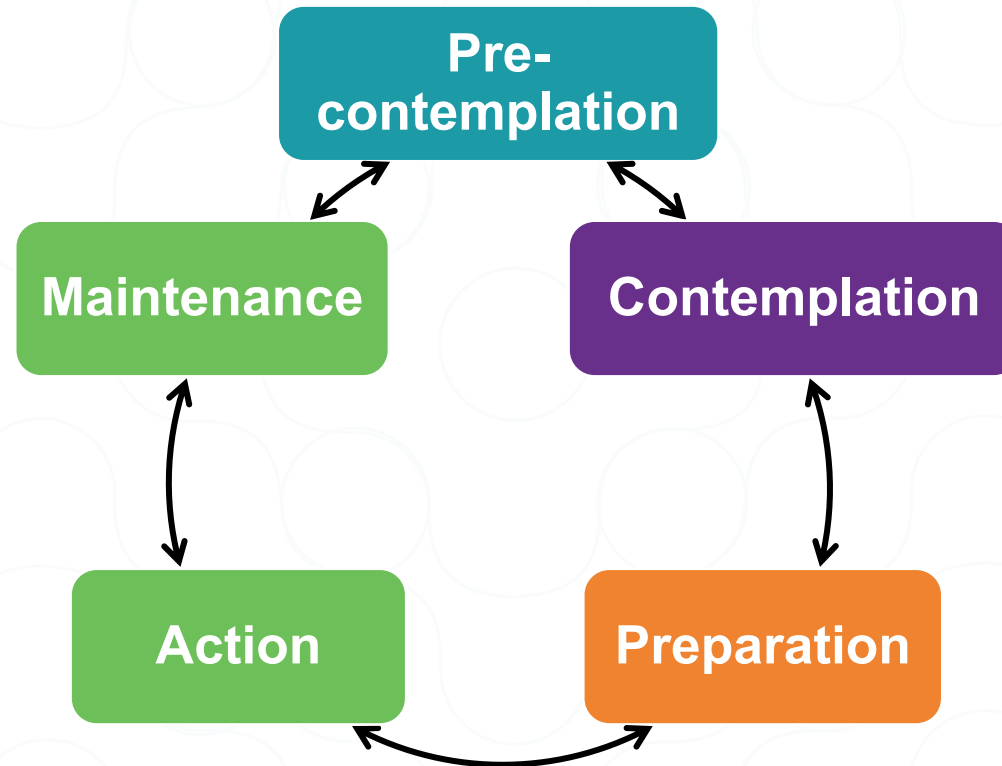
- A continuum of change, with secondary prevention needs defined as youth who desire to take a time-out from sex and reestablish new sexual boundaries:



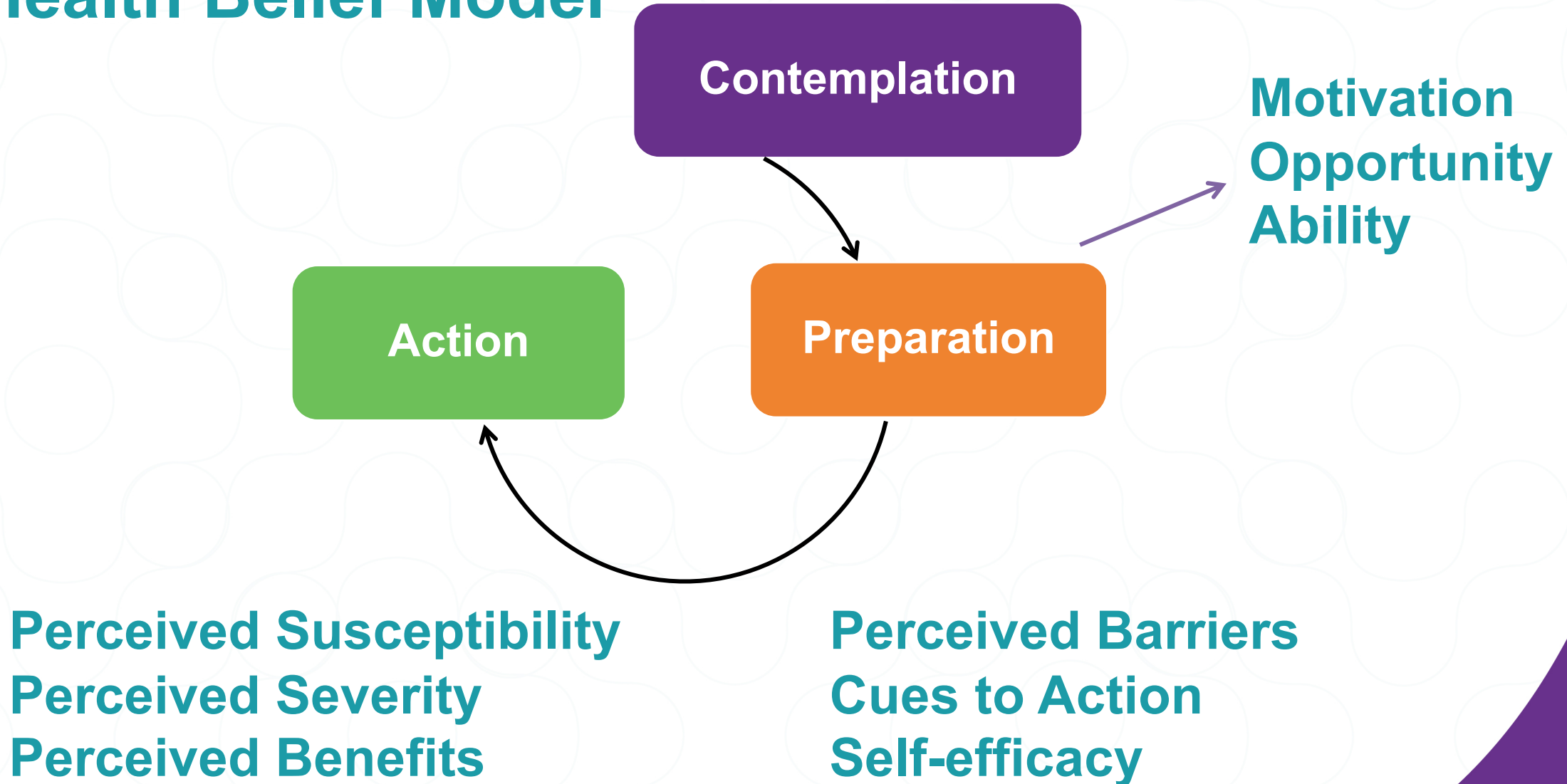
- At any point in time, a youth can be at different point on the continuum of prevention needs (driven by their past sexual activities, decisions and experiences – both voluntary and coerced)
- Critical to develop interventions based on readiness to change of audience**

Stages of Change Theory

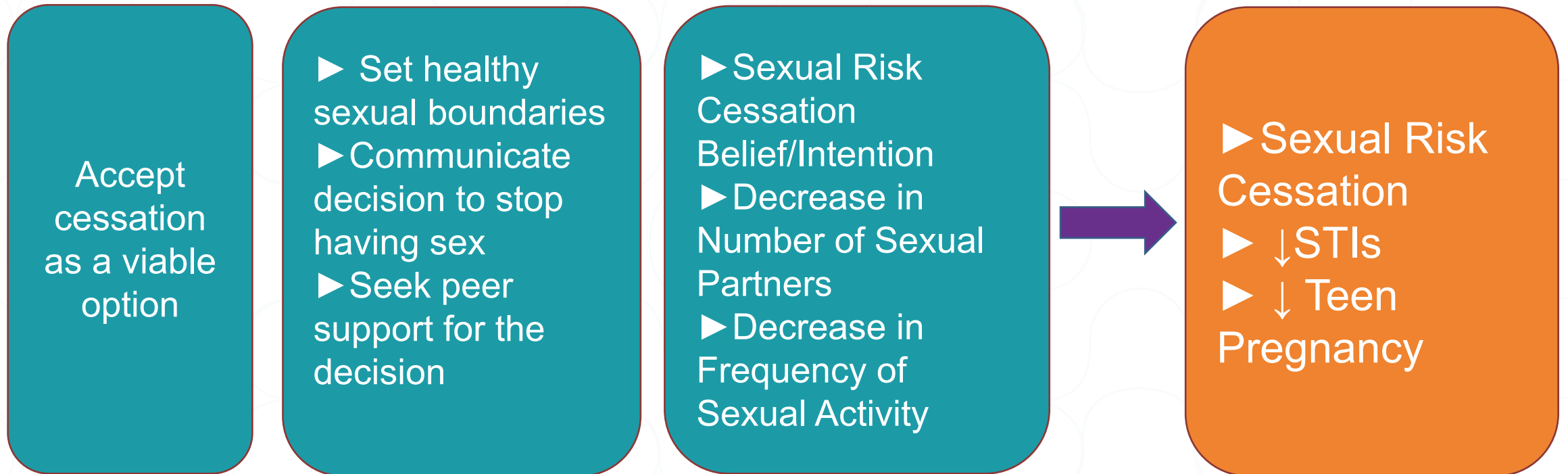
Transtheoretical Model of Behavior Change (TTM)



Health Belief Model



Improve Optimal Health - Move To Lower Risk



Sexual Risk Cessation (SRC) - choosing to discontinue sexual activity after having engaged in it.

**Surveillance: What is
the public health
problem?**



***Teen Pregnancy
Sexually Transmitted
Infection/Disease***

**Risk Factor
Identification:**



Unprotected sex

Protected Sex



Protected Sex - Pregnancy

Hormonal contraception –
> 98% protection against pregnancy

Condoms – “typical use”
13/100 couples are pregnant after 1 year

Protected Sex – STI/STD

Hormonal contraception –
0% protection against STI/STD

Use of most effective contraception methods is strongly associated with decreased use of condoms

- LARC users >2X less likely to use condoms*
- Only 1 out of 5 females and 1 out of 6 males reported the use of condoms with last sexual encounter when on hormonal contraception**
- In the last 3 months, 17.6% of pill users and 1.8% of LARC users reported condom use with last sexual encounter***

*https://journals.lww.com/stdjournal/Fulltext/2017/07000/Sexually_Transmitted_Infection_Prevention_With.10.aspx.

**Coyle, K.C., Peterson, A.J., Franks, H.M., Anderson, P.M., Glassman, J.R. (2016). Dual contraceptive method use among youth in alternative schools. The Journal of Primary Prevention 37(5). Published online October 31, 2016.

***Pazol, K., Kramer, M. R., & Hogue, C. J. (2010). Condoms for dual protection: patterns of use with highly effective contraceptive methods. Public Health Rep, 125(2), 208-217. doi:10.1177/003335491012500209

Protected Sex – STI/STD

- Latex condoms, when used consistently and correctly, are **highly effective** in preventing the sexual transmission of HIV, the virus that causes AIDS
- Latex condoms, when used consistently and correctly, **reduce the risk** of transmission of STIs such as gonorrhea, chlamydia, and trichomoniasis
- Latex condoms, when used consistently and correctly, **reduce the risk** for genital ulcer diseases, such as genital herpes and syphilis, only when the infected area is covered.
- Latex condoms, when used consistently and correctly, **may reduce the risk** for genital human papillomavirus (HPV) infection and HPV-associated diseases such as, genital warts and cervical cancer

The Problem with Condoms: People Are Not Perfect

People . . .

do not use condoms consistently - every time.

do not use condoms correctly - before any genital-to-genital contact.

Condom Use: Low Usage

Of high school students who were sexually active:

- 41% did not use a condom during last sexual encounter*
- 91% did not use dual protection with last sexual encounter*

Adolescent girls were **half as likely to use condoms** with partners drinking alcohol two hours prior to sex**

*www.cdc.gov/YRBS2017

**Staras SA, Livingston MD, Maldonado-Molina MM, Komro KA. The influence of sexual partner on condom use among urban adolescents. *J Adolesc Health*. 2013;53(6):742-748. doi:10.1016/j.jadohealth.2013.06.020

Condom Use: Low Usage

Lowering use with repeated sex acts with same partner.

Condom **non-use** rose sharply after debut;

- 28% of the women who used a condom at debut had sex without a condom by the 4th intercourse event
- 50% by the 9th event
- 75% had by the 23rd event

Fairfortune, T.S., Stern, J.E., Richardson, B.A. *et al.* Sexual Behavior Patterns and Condom Use in Newly Sexually Active Female University Students. *Arch Sex Behav* **49**, 1053–1065 (2020). <https://doi.org/10.1007/s10508-019-1411-z>

Condom Use: Incomplete Use

Incomplete use: not using a condom during the entire act of sexual intercourse, including late application and early removal

Combined prevalence (either late application or early removal or both), ranging from 20.0% to 60.0% of participants

Prevalence of late application ranges from 17.0% to 51.1% of participants reporting this error.

Six studies reported early removal at the participant level, with prevalence ranging from 13.6% to 44.7%

Sanders SA, Yarber WL, Kaufman EL, Crosby RA, Graham CA, Milhausen RR. Condom use errors and problems: a global view. *Sex Health*. 2012;9(1):81-95. doi:10.1071/SH11095

The Problem with Condoms:

Condoms are not equally effective for all STI/STDs

Some STIs are spread by contact with body fluid – condoms are most effective for these infections

Some STIs are spread by genital skin to skin contact and condoms do not cover the entire genital area – condoms are less effective for these infections

Incidence of STIs in US

How many people are infected with a STI every day in the United States?

~ 55,000 people infected with a STI every day

CDC estimates that >50% of new cases are diagnosed in persons aged 15–24.

**Surveillance: What is
the public health
problem?**



***Teen Pregnancy
Sexually Transmitted
Infection/Disease***

**Risk Factor
Identification:**



***Unprotected sexual
activity***

Risk Avoidance

**Risk Factor
Identification:**



Sexual activity



- *Delay sexual activity*
- *Long-term, mutually monogamous relationship with an uninfected partner*

***Population-wide Primary Prevention Message**

Already had sex?

**Risk Factor
Identification:**

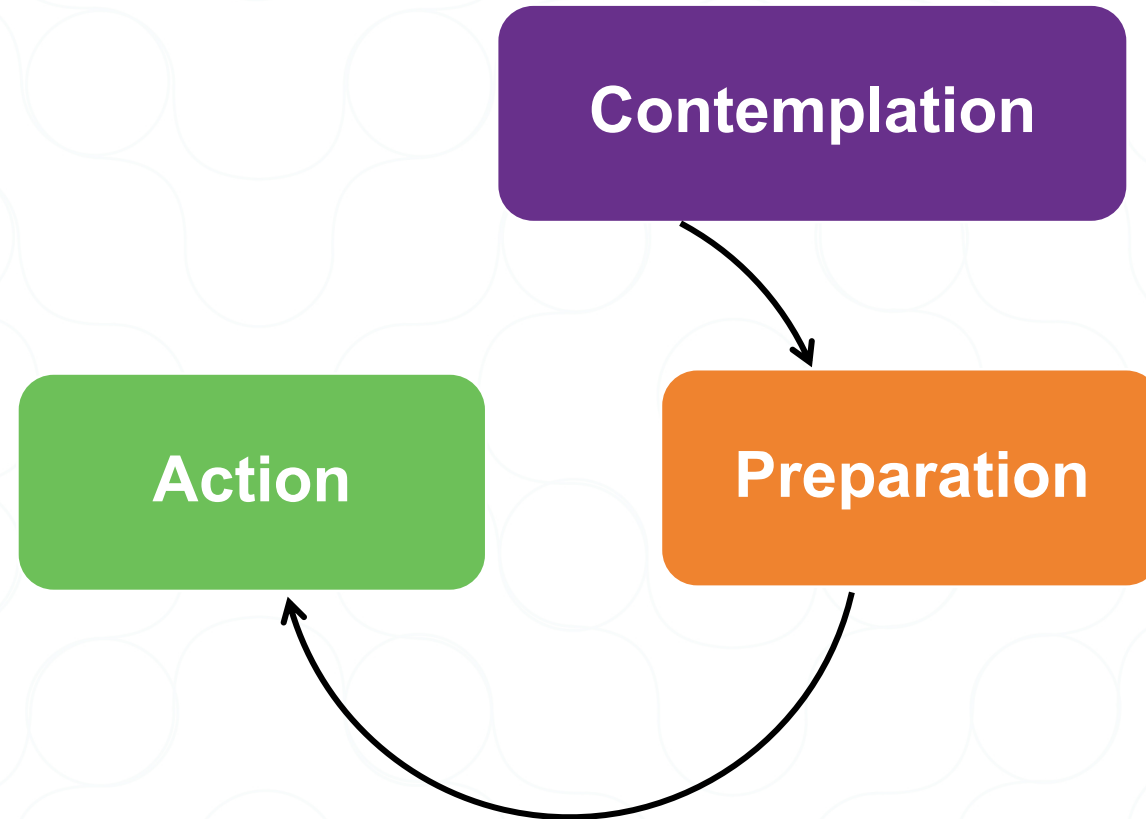


Sexual Activity



- ***Choose to delay further sexual activity***
- ***Benefits of delay***
- ***Need for peer support***

Health Belief Model



Risk Reduction

**Risk Factor
Identification:**



Protected sexual activity



***Ask the question: Is not having
sex an option for you right now?***

Health Belief Model

Pre-Contemplation



Contemplation

Risk Reduction

**Risk Factor
Identification:**



Protected sexual activity

Consensual sexual activity



- *Confirm appropriate use of contraceptives*
- *Confirm consistent use of condoms*
- *Encourage testing for STIs*
- *Encourage decreasing # of partners*

Risk Reduction

**Risk Factor
Identification:**



Protected sexual activity

Non consensual sexual activity



*Ask the question: Is not having
sex an option for you right now?*

Risk Reduction

**Risk Factor
Identification:**



Protected sexual activity

Non consensual sexual activity



- *Discuss unhealthy relationships*
- *May need involvement of social services*

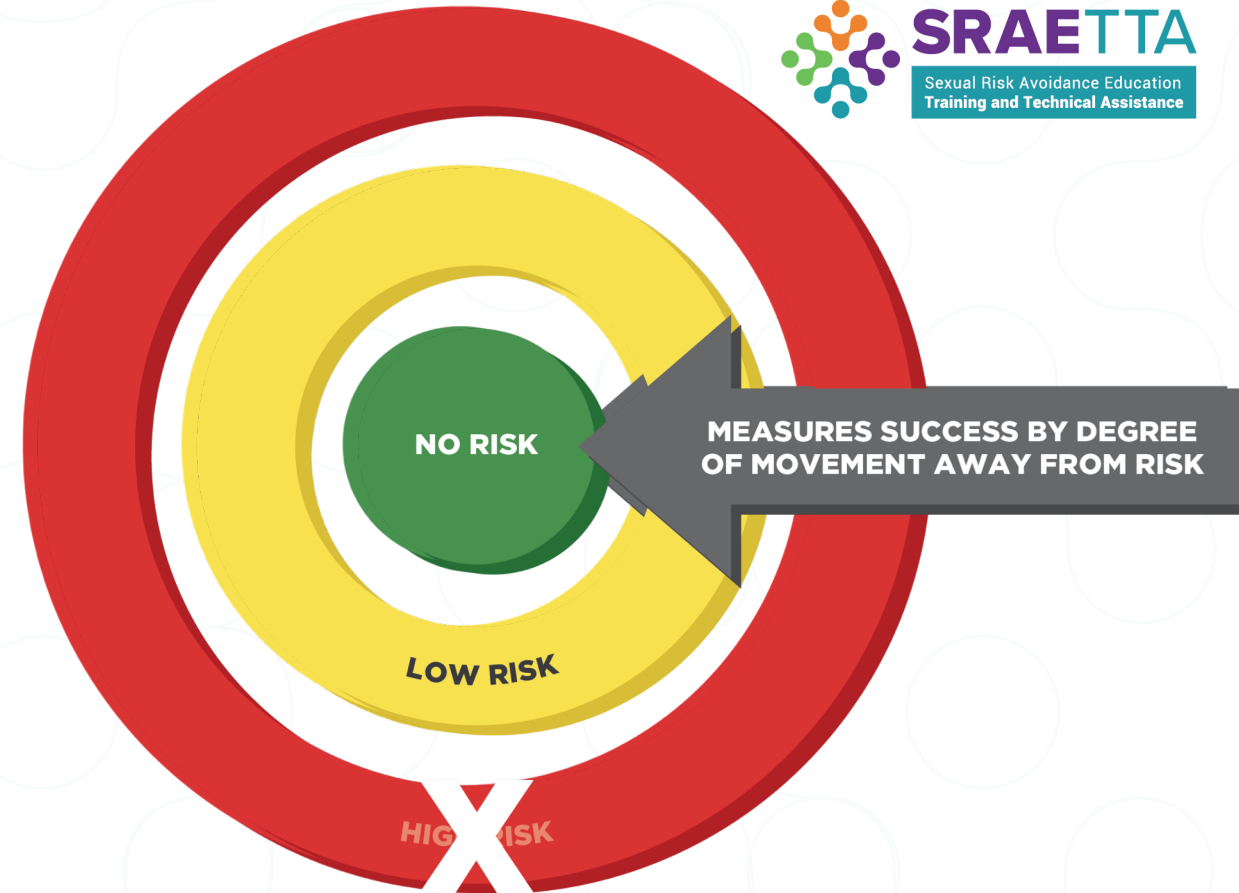
Risk Factor Identification:



Protected sexual activity

Consensual sexual activity

Family/Social conflict



Ask the question: How do your friends feel about you having sex? What about your family?

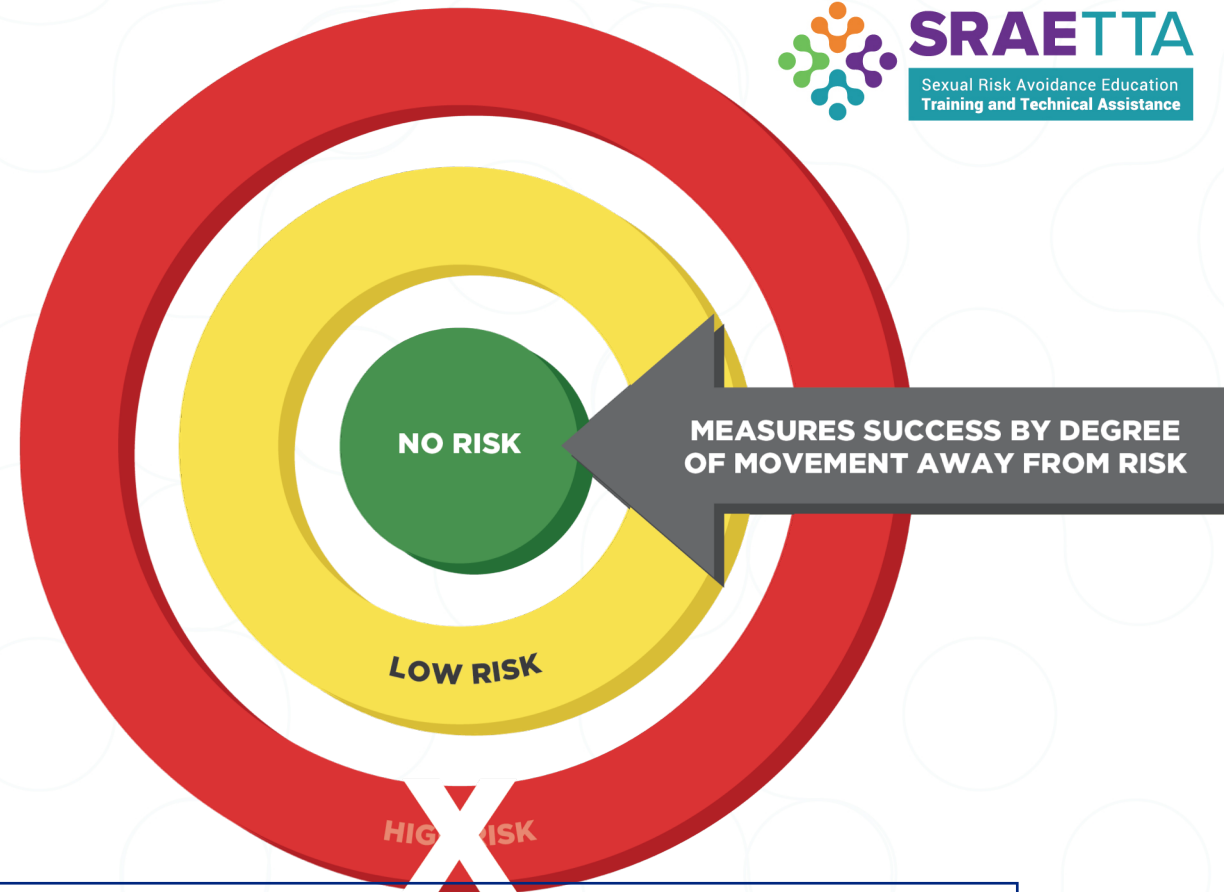
Risk Factor Identification:



Protected sexual activity

Consensual sexual activity

Family/Social conflict



- *Discuss importance of social relationships*
- *What is the source of conflict?*
- *What options do you have to reduce conflict?*

Risk Reduction

**Risk Factor
Identification:**



Protected sexual activity

Consensual sexual activity



*Ask the question: How satisfied
are you with your relationship
right now ?*

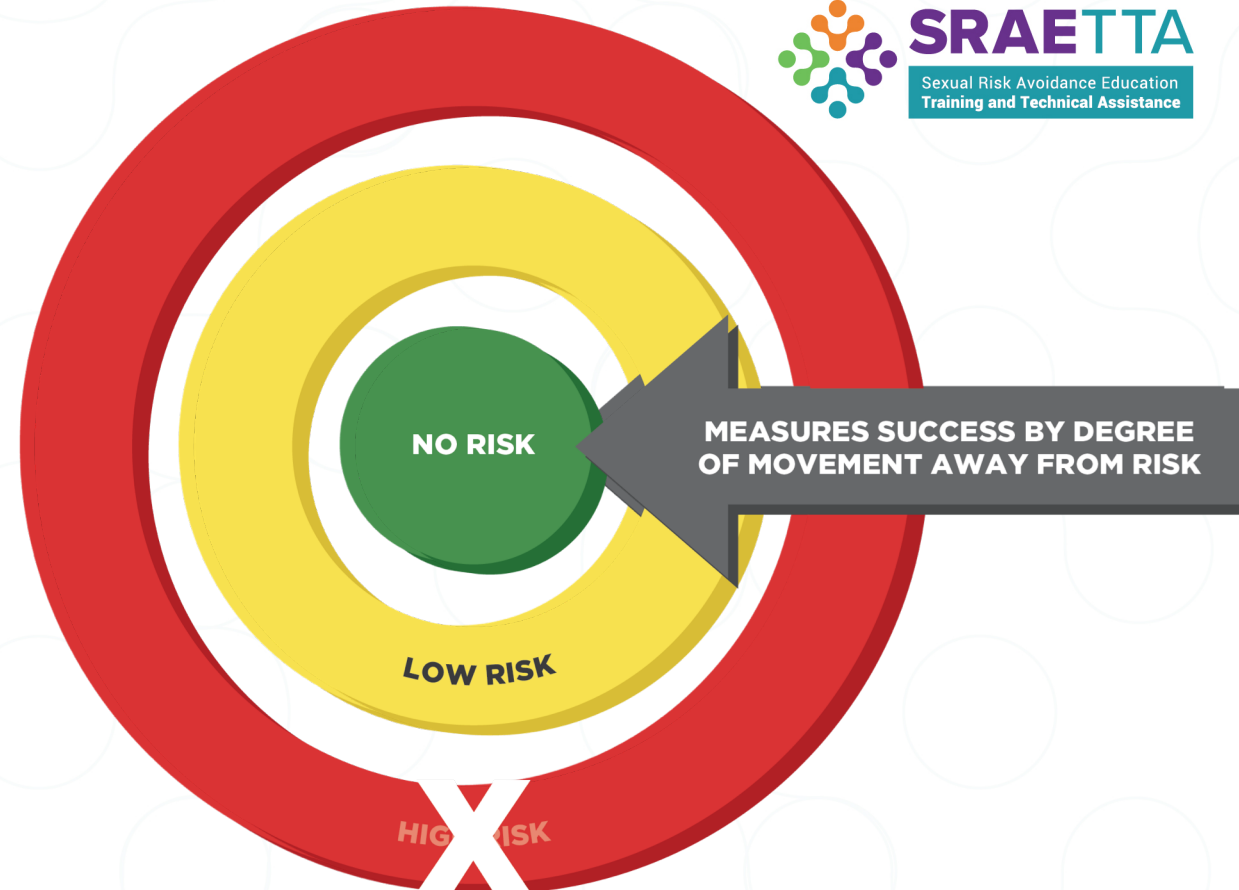
Risk Factor Identification:



Protected sexual activity

Consensual sexual activity

Emotional Turmoil



- *Discuss importance of emotional health*
- *Consider referral to community resources for counseling*

Risk Reduction

**Risk Factor
Identification:**



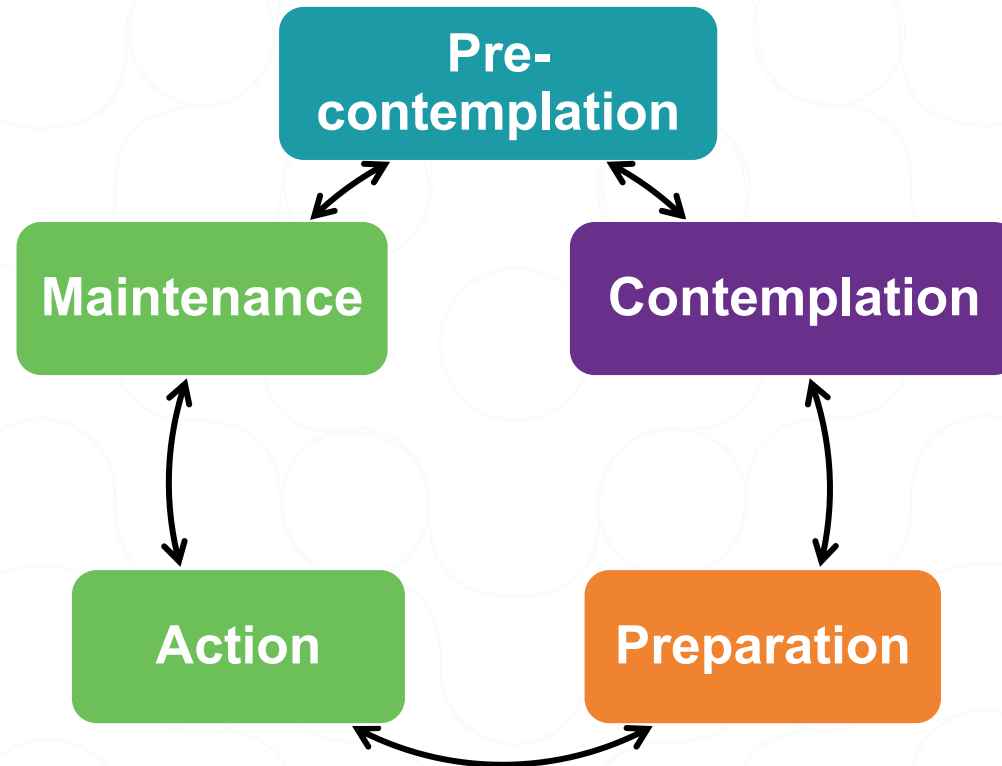
*Unprotected sexual activity
Multiple partners*



*Ask the question: Is not having
sex an option for you right now?*

Stages of Change Theory

Transtheoretical Model of Behavior Change (TTM)



Risk Reduction

**Risk Factor
Identification:**

*Unprotected sexual activity
Multiple partners*



- *Confirm appropriate use of contraceptives*
- *Confirm consistent use of condoms*
- *Encourage testing for STIs*
- *Encourage decreasing # of partners*

Risk Reduction

**Risk Factor
Identification:**

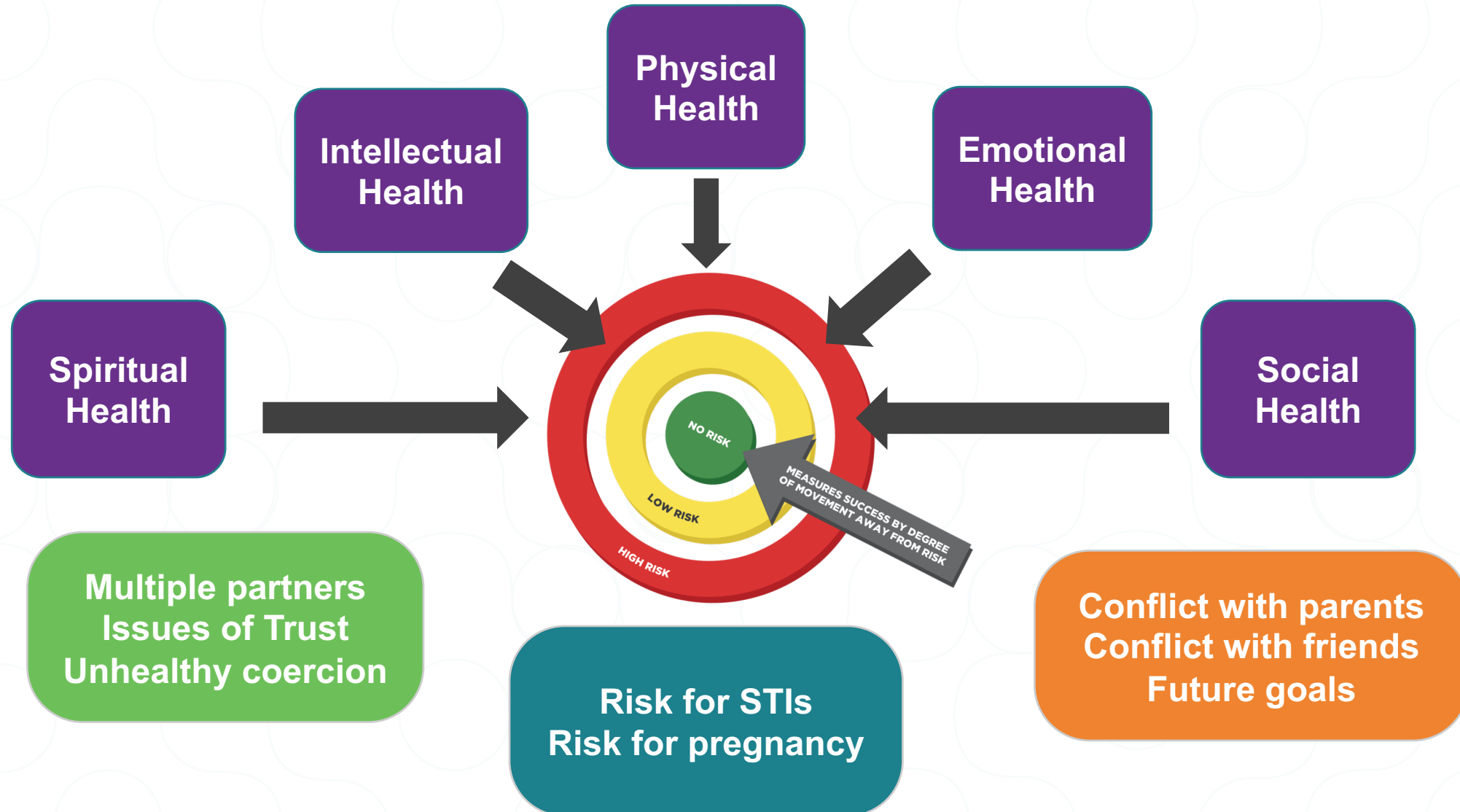


Unprotected sexual activity
Multiple partners



*Ask the question: How satisfied are you with
your current relationship?*

Optimal Health In Action





QUESTIONS?

Contact Information

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PRESENTED BY



SRAETTA

Sexual Risk Avoidance Education
Training and Technical Assistance



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